

Officeholder and Candidate
Campaign Statement –
Short Form

(Government Code Section 84206)

Type or print in ink.

Date of election if applicable: (Month, Day, Year) 2 APRIL 2013	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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CITY CLERK Date Stamp 2013 JAN 30 AM	SHORT FORM CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ARMINE G. HACOPIAN

STREET ADDRESS

906 PENSHORE TERRACE

CITY

GLENDLAE

AREA CODE/DAYTIME PHONE NUMBER

818-543-7232

STATE

CA

ZIP CODE

91207

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

TRUSTEE, GLENDALE COMMUNITY COLLEGE BOARD

JURISDICTION (LOCATION)

GLENDAL, PORTION OF L.A. COUNTY

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE		

5. Verification

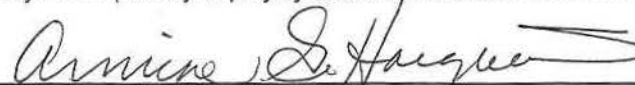
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

01-28-2013

DATE

By


SIGNATURE OF OFFICEHOLDER OR CANDIDATE